

**Virginia Health Reform Initiative
Capacity Taskforce Teleconference Meeting
September 21, 2010 11:00am-12:00pm
MINUTES**

Public Call In: 1-877-664-7391
ID# 11305944

Welcome: Cindi Jones, Director, Virginia Health Reform Initiative

For any interested parties, comments can always be sent to VHRI@governor.virginia.gov

Agenda for Meeting:

Overview of VHRI

Describe Framework for reports and charge

Have co-chairs describe what is next step and process for October meeting

Before us is an opportunity to offer an alternative state model for Virginia's Health Reform Initiative. Going beyond federal reform and meet the needs of Virginians and contribute to the economy. Members have been asked to commit time until December 2010, at that time we will be able to identify what Virginia needs to do in order to move forward and get work accomplished.

Key Question: Where are we going and what is the end product?

Four Questions to inform report:

1. What do we know? (See charge statements and Aug 21st presentations)
2. What do we need to know? (Discussion today to determine what information and presentations are needed for October)
3. What are opportunities and challenges (Will receive information in October)
4. What choices does Virginia need to make and what is the plan in each of the six taskforce areas? What do we need to measure?

Turn over to co-chairs:

Keep in mind the importance of continuing to provide good and quality healthcare to Virginians. Input from all is welcomed as we recognize that there are multiple viewpoints represented.

We have been given numbers to the most critical areas of shortage in the medical professions

The challenge before us is to recognize that we need to look at a different type of delivery system as we move forward. We need to look at team approaches, identify who should make up the team, who is available to make up the team, and where these players are. We too need to identify both state and national shortages as they will differ in areas.

Information to be provided to Taskforce:

Rural Healthcare Workforce Shortage

Physician Workforce Shortage

Health Resources and Services Administration (HERSA) by zip-code: licensed physicians and 14 other health professionals that fall within the shortage parameters.

What is needed in order to help taskforce make decisions?:

- DHP is collecting licensed healthcare professionals information, that data will be valuable as well as information from productivity from training programs in the licensed capacities will be important to have.
- Need to know just how many are graduating, but also the trends and how that has been changing over the years as well as what is forecasted.
- Also get a feel for the capacity that exists in the programs looking at both capacity and outputs.
- What incentives are there to help Virginia educated medical professionals to stay and serve in Virginia as well as in underserved areas? What more can be done to help incentivize?
- Within educational programs need to look at the opportunity of increasing residency slots but you need funding, faculty, and opportunity.
- Within educational programs also need to look at the shortage of nursing faculty. One opportunity to consider is the number of retiring nurses (projected 4 fold increase in next 5 years) how do you incentivize those retiring to stay and serve as faculty in the schools or practice part-time?
- Capacity in nursing schools as it relates to nurse practitioners would be helpful when looking at scope practice possibilities.
- Important to identify what would be the composition as a “team” for service delivery. The study years ago did not address Physician Assistants. Want to make sure all practice areas can be considered. Need what type of care the PA’s are providing. We know how many we have, including ratio to population, just not the type of service being provided.
- Is education matching the need of what professionals need in the state? Seems as though Pharmacists are underutilized but are some of the most accessible to patients. Consider how best to incorporate Pharmacists in the recommendations.
- Challenges of Educational Programs in increasing their number and capacity of faculty. What is the challenge associated with clinical practice training and qualified preceptors and getting placements.

- Allied healthcare workers, imaging, med labs and all who support the hands on care that is being provided to Virginians.
- Not only the recruitment of faculty but rate limiting clinical training is becoming a barrier in many ways to increase the capacity of programs.
- Scholarships are not an answer to covering the costs of medical training and education. Look at increase in funding to schools, not just for scholarships.
- Need information on not just scope of practice but what we can license (and are not) off of current knowledge base (what training is) when dealing with scope of practice concerns/opportunities.
- What are roles of health professionals with aging population, what are the roles in some of the delivery model opportunities and options, including coordinated care.
- Need from the hospitals, not only do we have enough beds for future utilization but also look at what studies have already been done in the area of allied healthcare workforce.
(ask hospital association)
- Model opportunities to look at and see what we are doing already and what we can replicate. (PACE)
- We need to also look at the various populations from Pediatrics to Geriatric Care and see what model makes sense for those various population needs.

Two other workforce dimensions:

- Need to talk about and address mental health professionals and dental professionals when incorporating and collecting information.

General Information

- Will need to reach out to affiliated associations to see what data already exists in terms of where health professionals are and what type of practice (specialty) care they are providing.
- Will compile information and disseminate to taskforce members both in writing as well as through presentations at next meeting

Members: if you have further comments or ideas please send an email to VHRI@governor.virginia.gov

Next meeting is October 19th, 1:30-4:30 all meetings at DMAS 600 East Broad Street 7a/7b. All meetings at the Virginia Department of Medical Assistance Services (DMAS) 600 East Broad Street Richmond, VA 23219 in room 7a/b.

Framework: 3 hours

- 1- Talk about and receive presentations identified as needed on September 21, 2010 phone call
- 2- Public Comment (instructions to soon follow)
- 3- Co-chairs will lead discussion and will identify what should be considered by full advisory council meeting.

Thank You: co-chairs, taskforce members, George Mason University, taskforce members, Len Nichols,

Adjourn -